



Department of Veterans Affairs

## RECOGNITION OF HIGH LEVEL PERFORMANCE

SPECIAL TYPES OF ACHIEVEMENT AWARDS (Check as appropriate)				FOR INCENTIVE AWARDS OFFICER	
SUPERIOR PERFORMANCE (SP) AWARD (Individual)		AMOUNT AWARD RECOMMENDED \$	% BASIC ANNUAL SALARY %	CASE NO.	DATE RECEIVED
<b>NOTE FOR SUPERIOR PERFORMANCE:</b> For supervisors attach a statement of effective application of EEO affirmative action and use of incentive awards.				HONOR AWARD (Specify type)	
SPECIAL CONTRIBUTION AWARD (Individual)		SPECIAL CONTRIBUTION AWARD (Group)	AMOUNT AWARD RECOMMENDED \$		
TYPE OF BENEFIT <input type="checkbox"/> TANGIBLE <input type="checkbox"/> INTANGIBLE (Complete next two items)		VALUE OF INTAN. BEN.	EXTENT OF APPL. OF INTAN. BEN.	OTHER TYPES OF RECOGNITION <input type="checkbox"/> QUALITY INCREASE <input type="checkbox"/> OUTSTANDING RATING	
CURRENT STATUS (Continue on reverse)					
NAMES OF EMPLOYEE(S)		SOC. SEC. NO.	POSITION TITLE	GRADE-STEP	SALARY
ORGANIZATION (Administration, Staff Office, Service, Division, etc.)			NAME AND LOCATION OF STATION		
PERIOD COVERED BY RECOMMENDATION		PROMOTIONS, SPECIAL ACHIEVEMENT AWARDS, QUALITY INCREASES, OR OTHER HONORS GIVEN ABOVE EMPLOYEE(S) DURING THE PERIOD			
DATE		SIGNATURE AND TITLE OF SUPERVISOR			
INFORMATION REQUIRED FOR QUALITY INCREASE ONLY					
DATE ELIGIBLE FOR NEXT WITHIN-GRADE INCREASE		<b>In recommending a quality increase, the signature above also attests to the following:</b> <b>SUPERVISOR'S CERTIFICATION:</b> I certify that on the basis of past performance, I have every reason to believe the employee named herein will continue to perform at the same high level in the future.			
POSITION SERIES					
ATTACH JUSTIFICATION ON SEPARATE SHEET(S)					
CONCURRENCES (If required)					
DATE		SIGNATURE AND TITLE			
DATE		SIGNATURE AND TITLE			
APPROVAL					
DATE		SIGNATURE AND TITLE OF OFFICIAL AUTHORIZED TO MAKE INCENTIVE AWARD DECISION			